

10903 New Hampshire Avenue Silver Spring, MD 20993

IND Diagnostics, Inc c/o Kai Lou 1629 Fosters Way Delta, B.C. Canada V3M 6S7

APR 1 7 2012

Re: k103037

Trade Name: IND Urinary Tract Infection (UTI) Test Strips

Regulation Number: 21 CFR §862.1510

Regulation Name: Nitrite (nonquantitative) test system

Regulatory Class: Class I, meets limitations to exemption 21 CFR 862.9 (c)(9)

Product Codes: NGJ, LJX Dated: April 9, 2012 Received: April 11, 2012

Dear Kai Lou:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (301) 796-5760. For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/Medical Devices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance...

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-5680 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm

Sincerely yours,

Couriney H. Lias, Ph.D.

Director

Division of Chemistry and Toxicology Devices Office of *In Vitro* Diagnostic Device

Evaluation and Safety

Center for Devices and Radiological Health

Enclosure

Indications for Use

Office of In Vitro Diagnostic Device

Evaluation and Safety

510(k) Number (if known):		·
Device Name:	IND Urinary Tract Infection (UTI) Test Strips	
Indications For Use:		•
and leukocytes in urine as an and symptoms of urinary tra	aid in the screening of act infection. Testing	intended for qualitative detection of nitrite urinary tract infection in persons with signs of urine is performed by urinating into a This test is intended for over-the-counter
,	•	
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Prescription Use(Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use X (21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOVIF NEEDED)	W THIS LINE-CONTINUI	E ON ANOTHER PAGE
	CODIL Office of In Vit	ro Diagnostic Davisas (OIVD)
Concurrence o	CDRH, Office of in Vit	ro Diagnostic Devices (OIVD)
Division Sign-Off		